

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Application Number

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4	1					
5		1				
6		4				
7		4				
8		1				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17	1					
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total	9					
Indep						
Total	57					
Depend						
Total	60					
Claims						

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**

**BEST AVAILABLE COPY**